FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 17 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00052983 1 NAME TITLE; FIRST; MI **OFFICE USE ONLY** The Honorable Borris Lee **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 04/30/2019 Miles ADDRESS / PO BOX; 2 ADDRESS APT / SUITE #; CITY; STATE; ZIP Receipt # HD / PM Amount Date Processed X (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER __State Senator (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). SPOUSE ____ DEPENDENT CHILD In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCC	CUPATIONAL INCOM	ΛE		PART 1A		
	applicable, indicate that on Page 2 of					
which the child is listed on the Cov	eporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under ne child is listed on the Cover Sheet.					
1 INFORMATION RELATES TO	X FILER	SPOUSE	DEP	ENDENT CHILD		
2 EMPLOYMENT EMPLOYED BY ANOTHER	NAME AND SELF ADDRESS / PO BOX;	O ADDRESS OF EMPLOYE (Check if Filer's Home # EMPLOYER APT / SUITE #; CITY	Address)	ZIP CODE		
		POSITION HELD				
X SELF-EMPLOYED	MILES INSURANCE AGENCY	NATURE OF OCCUPA	TION			

STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **BUSINESS ENTITY** NAME ST FINANCIAL GROUP STOCK HELD OR X FILER SPOUSE DEPENDENT CHILD **ACQUIRED BY** 3 NUMBER OF SHARES LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 X 10,000 OR MORE LESS THAN 10K 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	
STREET ADDRESS			JDING CITY, COUNTY, AND	STATE
NOT AVAILABLE		Y.		
X CHECK IF FILER'S HOME ADDRESS		-		
HOWE ADDRESS				
ESCRIPTION	NUME	BER OF LOTS OR ACRES A	ND NAME OF COUNTY WHI	ERE LOCATED
X LOTS	2.00000 lots			
ACRES	HARRIS			
				
NAMES OF PERSONS RETAINING AN INTEREST				
X NOT APPLICABLE (SEVERED MINERAL				
INTEREST)				
F SOLD NET GAIN				
F SOLD NET GAIN NET LOSS	LESS THAN \$5,	000 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under

which the child is listed on the Co	Wei Stiect.			
1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
2 DESCRIPTION	MILESTONE FINANC	(Check if	ND ADDRESS Filer's Home Address)	
3 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
DESCRIPTION	MILESTONE BUIDLIN	(Check if	ND ADDRESS Filer's Home Address)	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
HELD OR ACQUIRED BY DESCRIPTION	X FILER GOODLIFE MANAGE	NAME A	DEPENDENT CHILD IND ADDRESS Filer's Home Address))
	GOODLIFE MANAGE	NAME A	ND ADDRESS	
DESCRIPTION IF SOLD NET GAIN	GOODLIFE MANAGE	NAME A (Check if	ND ADDRESS Filer's Home Address)	\$25,000OR MORE
DESCRIPTION IF SOLD NET GAIN NET LOSS	GOODLIFE MANAGE	NAME A (Check if SMENT LLC \$5,000 - \$9,999 SPOUSE NAME A (Check if	ND ADDRESS Filer's Home Address) \$10,000 - \$24,999	\$25,000OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

	NAME		
MILES INSURAN		AND ADDRESS if Filer's Home Address)	
LESS THAN \$5	5,000 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

the child is listed on the Cover	Sheet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) MILESTONE FINANCIAL
2 DESCRIPTION	
3 BUSINESS TYPE	X Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) MILESTONE BUILDING
2 DESCRIPTION	
3 BUSINESS TYPE	X Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

the child is listed on the Cover Sheet.					
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) GOODLIFE MANAGMENT LLC				
2 DESCRIPTION					
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation X Other				
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD				
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) ATTENTIVE HOSPICE 315 WEST ALABAMA HOUSTON, TX 77008				
2 DESCRIPTION					
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Limited Liability Partnership Joint Venture Partnership Professional Corporation X Other				
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD				

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

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When reporting information about the child is listed on the Cover S	but a dependent child's activity, indicate the child about whom you are reporting by providing the number under which Sheet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) MILES INSURANCE AGENCY
2 DESCRIPTION	
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation X Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cov	er Sheet.			
1 BUSINESS ASSOCIATION			E AND ADDRESS If Filer's Home Address)	
	MILESTONE FINAN	—	,	
2 BUSINESS TYPE	Corporation			
3 HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 ASSETS	EQUIPMENT, FUR	DESCRIPTION NISHINGS	ł	EGORY
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			\$10,000 - \$24,999	\$25,000 OR MORE
1 BUSINESS		NAM	E AND ADDRESS	
ASSOCIATION	MILESTONE BUILD	—	If Filer's Home Address)	
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2 BUSINESS TYPE	Corporation			
3 HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 ASSETS		DESCRIPTION	ł	EGORY
	NONE		X LESS THAN \$5,000	\$5,000 - \$9,999
			\$10,000 - \$24,999	\$25,000 OR MORE

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

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Other Business Ass	ociation		
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Other Business Ass	ociation		
X FILER	SPOUSE	DEPENDENT CHILD _	
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	Other Business Ass X FILER D EQUIPMENT AND I ATTENTIVE HOSPI 315 WEST ALABAM HOUSTON, TX 770 Other Business Ass X FILER D BECAUSE OF LAW	Other Business Association X FILER	NAME AND ADDRESS (Check If Filer's Home Address) GOODLIFE MANAGMENT LLC Other Business Association X FILER

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

	the child is listed on the Cover S	Sheet.		, , , , , , , , , , , , , , , , , , ,	3	
1	BUSINESS		NAME AN	ND ADDRESS		
	ASSOCIATION	(Check If Filer's Home Address)				
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		MILES INSURANCE AGE	INC Y			
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2	BUSINESS TYPE	Other Business Association	on			
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3	HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _		
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4	ASSETS	DESCRI	PTION	CATE	GORY	
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				\$10,000 - \$24,999	X \$25,000 OR MORE	
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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cove	r Sneet.			
1 BUSINESS			AND ADDRESS	
ASSOCIATION		(Check I	f Filer's Home Address)	
	MILESTONE FINANC	IAL		
2 BUSINESS TYPE				
	Corporation			
3 HELD, ACQUIRED,				
OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 LIADILITIES	DEC	CDIDTION	I CATI	TCODY
4 LIABILITIES	PROPERTY, EQUIPM	CRIPTION	i	EGORY
	PROPERTY, EQUIPM	IEIN I	LESS THAN \$5,000	\$5,000 - \$9,999
			\$10,000 - \$24,999	X \$25,000OR MORE
			 	
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1 BUSINESS ASSOCIATION			E AND ADDRESS	
			f Filer's Home Address)	
	MILESTONE BUILDIN	IG		
2 BUSINESS TYPE				
	Corporation			
3 HELD, ACQUIRED,				
OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 LIABILITIES	DES	CRIPTION	CATI	EGORY
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			<u> </u>	Φ3,000 - Φ9,999
			\$10,000 - \$24,999	\$25,000OR MORE
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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

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the child is listed on the Cove	er Sheet.			
1 BUSINESS		NAME /	AND ADDRESS	
ASSOCIATION		(Check If F	Filer's Home Address)	
	GOODLIFE MANAGMEN	IT LLC		
2 BUSINESS TYPE				
	Other Business Associati	on		
3 HELD, ACQUIRED,				
OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 LIABILITIES	DESCR	UDTION	I CATE	EGORY
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	NONE		X LESS THAN \$5,000	\$5,000 - \$9,999
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4 PHOINTOO	1	NAME	AND ADDDESS	
1 BUSINESS ASSOCIATION			AND ADDRESS Filer's Home Address)	
	A TTENTINE 11000105	[(Crieck ii i	-liei S Horrie Address)	
	ATTENTIVE HOSPICE			
	315 WEST ALABAMA			
	HOUSTON, TX 77008			
2 BUSINESS TYPE	Other Burian America			
	Other Business Association	on		
3 HELD, ACQUIRED,				
OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4 LIABILITIES	DESCR	IPTION	CATE	EGORY
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			\$10,000 - \$24,999	\$25,000OR MORE
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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

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Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child	the child is listed on the Cover Sheet.					
1 BUSINE		NAME AND ADDRESS				
ASSOCI	ATION	(Check If Filer's Home Address)				
		MILES INSURANCE	CE AGENCY			
			I			
			_			
2 BUSINE	SS TYPE					
		Other Business As	ssociation			
3 HELD, A	COLUBED					
OR SOL		X FILER	SPOUSE	DEPENDENT CHILD _		
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4 LIABILIT	IES		DESCRIPTION	CATI	EGORY	
		EQUIPMENT		X LESS THAN \$5,000	\$5,000 - \$9,999	
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				\$10,000 - \$24,999	\$25,000OR MORE	
		<u> </u>				

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	ARTS NOT APPLICABLE TO FILER					
		N/A Part 1A - Sources of Occupational Income					
	Χ	N/A Part 1B - Retainers					
		N/A Part 2 - Stock					
	Χ	N/A Part 3 - Bonds, Notes & Other Commercial Paper					
	Χ	N/A Part 4 - Mutual Funds					
	Х	N/A Part 5 - Income from Interest, Dividends, Royalties & Rents					
	Χ	N/A Part 6 - Personal Notes and Lease Agreements					
		N/A Part 7A - Interests in Real Property					
		N/A Part 7B - Interests in Business Entities					
	Х	N/A Part 8 - Gifts					
	Χ	N/A Part 9 - Trust Income					
	X	N/A Part 10A - Blind Trusts					
	Χ	N/A Part 10B - Trustee Statement					
		N/A Part 11A - Business Associations					
		N/A Part 11B - Assets of Business Associations					
		N/A Part 11C - Liabilities of Business Associations					
	Χ	N/A Part 12 - Boards and Executive Positions					
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception					
	Х	N/A Part 14 - Interest in Business in Common with Lobbyist					
	Χ	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer					
	Х	N/A Part 16 - Representation by Legislator Before State Agency					
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant					
	Χ	N/A Part 18 - Legislative Continuances					
	Χ	N/A Part 19 - Contracts with Governmental Entity					
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator					

PERSONAL FINANCIAL STATEMENT AFFIDAVIT					
The law requires the personal financial statement to be ve	rified. Without proper verification, the statement is not considered filed.				
The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the ndividual required to file the personal financial statement.					
The verification page on a personal financial statement file of the individual required to file the personal financial state berson authorized by law to administer oaths and affirmation	ed with an authority other than the Texas Ethics Commission must have the signature ement as wells as the signature and stamp or seal of office of a notary public or other ions.				
	I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.				
	The Honorable Borris Lee Miles				
	Signature of Filer				
AFFIX NOTARY STAMP / SEAL ABOVE					
	, this the day				
of, 20, to certify which,	witness my hand and seal of office.				
Signature of officer administering oath Printe	ed name of officer administering oath Title of officer administering oath				
· · · · · · · · · · · · · · · · · · ·	<u>-</u>				